



Executive Committee Summary of Meeting Minutes July 11, 2017

EXECUTIVE COMMITTEE MEMBERS	DEPARTMENT OF HUMAN SERVICES
Gerd Clabaugh –	Jerry Foxhoven -
David Hudson – present	Mikki Stier - present
Dennis Tibben – present	Deb Johnson -
Natalie Ginty – present	Liz Matney - present
Shelly Chandler – present	Matt Highland - present
Cindy Baddeloo – present	Lindsay Paulson -
Kate Gainer – present	Sean Bagniewski -
Lori Allen – present	Amy McCoy -
Richard Crouch – present	Luisito Cabrera - present
Julie Fugenschuh – present	Alisha Timmerman - present
Jodi Tomlonovic – present	Lisa Cook - present

Introduction

David called the meeting to order and performed the roll call. Executive Committee attendance is as reflected above and quorum met.

Approval of the Executive Committee Meeting Minutes of June 15, 2017

Minutes of the Executive Committee meeting on June 15, 2017 was approved.

Communication Standardization Update

Matt Highland provided an update on the initiatives that have been under development since his last update in May. He reviewed the development of standardized model language and definitions for all member handbooks, formularies for IA Health Link, digital and print provider directories, and other informational resources.

Electronic Visit Verification (EVV)

Liz Matney gave an overview and timeline of EVV and stated that size and complexity made it necessary to reset to a 2018 rollout to ensure federal compliance and that providers are prepared to engage and delivery of services to members. She explained that the 21st Century Cures Act of December 2016 required development of EVV systems for states to receive full federal match percentage on personal care and health home. Liz stated that there was an active survey which closes August 15, 2017 for providers that identified cost centers and assist in the collection of other relevant data involving EVV infrastructure and administration. Liz stated that Phase 1 was to identify existing and installed technologies that could be leveraged to assess cost. Liz confirmed that this initiative would take into account CDAC and the Home- and Community-Based Services (HCBS) waiver program but not the whole of HCBS and that the MCOs' contracts were being revised to reflect this

more narrow approach. Liz stated that Phase 2 (Fall 2017) would involve stakeholder workgroup engagement and Phase 3 was to begin in early 2018 and involve public comments on a larger group of members and providers. Liz confirmed that following the initial engagement period of the project, the rollout period will begin in 2018. Key components of the rollout would be informational materials, an EVV resource center for members and providers, statewide provider training sessions, a dedicated EVV website, FAQs, CSR scripting, and other relevant communication materials.

Action Item:

- Research national benchmark on Program Integrity fraud rate data with home health providers
- Add as a standing item in the MAAC action items document - updates on the EVV stakeholder workgroup meetings

Medicaid Director's Update

(Legislative Update, Provider Re-Enrollment and Action Items)

Mikki reviewed the outstanding items in the action items document. Liz confirmed the quarterly data reports would be available in time for the August MAAC meeting.

Action Items:

- Provide data on grievance and appeals – at the State Fair Hearing, how many cases are denied, how many are ruled in favor of an MCO, how many never go through the entire appeals process. How many are resolved at the MCO level and never go to the level of the State Fair Hearing.
- Provide data on aggregate cost per member for ICF/ID broken down by community-based ICF/ID providers, state resource centers, and out-of-state placements.

MAAC Recommendations: Mikki stated that a response to recommendations would be available shortly and there would likely be an August update via a written response from the DHS Director.

Provider Re-enrollment: Mikki stated that additional information would be presented at the August Executive Committee meeting.

Legislative Update: Mikki outlined the legislative initiatives that had to be in place by July 1, 2017 and the cost containment measures across all three MCOs. She provided additional updates regarding the IME Claims Benefit Group, Retroactive Eligibility, the new Dental Wellness program, and the State Family Planning Program (FPP).

Value-Based Purchasing (VBP): Mikki provided an overview of Value-Based Purchasing (VBP) and the use of the Value Index Score (VIS).

Retroactive Eligibility: Cindy posed a question regarding the scope of the application of Retroactive Eligibility. This will be a follow up at the next MAAC Executive Committee meeting with the staff working on this initiative.

Open Discussion

Marsha Fisher asked about the process involved in the transfer of information between MCOs when a member changes MCOs. Liz clarified that transfer of data between MCOs is only processed through the state. Marsha cited a specific example of a case management situation where member data was not transferred to the new MCO. Lori Allen asked for clarification on what standards were in place to ensure that data was transferred in a timely manner from one MCO to another.

Future Agenda Items:

- External Quality Review would be a potential agenda item for the August meeting.

Adjourn

4:21 P.M.